

2-05-04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590

11/06/2003

Allegheny Technologies Incorporated
1000 Six PPG Place
Pittsburgh, PA 15222

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/042,892	01/09/2002	Roy V. Leverenz	TMP-1947 DIV	7446

TITLE OF INVENTION: METHOD OF COATING CUTTING TOOLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHEN, BRET P	1762	427-249100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patrick J. Viccaro

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TDY Industries, Inc.

Pittsburgh, PA 15222-5479

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1110 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

[Signature] 2-03-04

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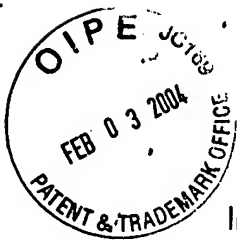
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02/10/2004 AWONDAF2 00000042 10042892

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Leverenz et al.

Serial No: 10/042,892
Filed: January 9, 2002

Group No. 1762
Examiner: B. Chen
Confirmation No. 7446

For: METHOD OF COATING CUTTING TOOLS

Mail Stop: Issue Fee
Commissioner for Patents
P.O. Box: 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

"Express Mail" label number ER524411256US

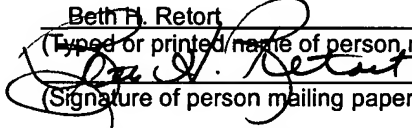
Date of Deposit February 3, 2004

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is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box: 1450, Alexandria, VA 22313-1450**

Beth H. Retort

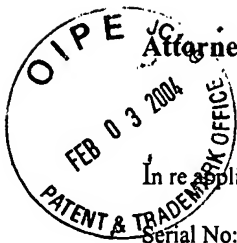
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(Express Mail Certificate [8-3])



Attorney's Docket No. TMP-1947DIV

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Leverenz et al.

Serial No: 10/042,892
Filed: January 9, 2002

Group No. 1762
Examiner: B. Chen
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Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 C.F.R. 1.18(a) and (b)):

Application status is:

☐ small business entity-fee

Regular
☐ \$665.00

Design
☐ \$240.00

A small entity. See 37 C.F.R. § 1.27 (65 Fed. Reg. 54603, September 8, 2000).

☒ other than a small entity-fee

☒ \$1,330.00

☐ \$480.00

3. Payment of fee:

☒ Enclosed please find check for \$ 1,660.00 (Including Publication Fee).

☒ Charge Account 11-1110 for any fee deficiency.

☐ Charge Account _____ the sum of \$ _____.

A duplicate of this request is attached.


SIGNATURE OF ATTORNEY

Reg. No.: 51,913

Kami Lammon-Hilinski

(type or print name of person certifying)

Tel. No.: (412) 355-8928

Kirkpatrick & Lockhart, LLP
Henry W. Oliver Building
535 Smithfield Street
Pittsburgh, PA 15222-2312

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

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Signature _____

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(Transmittal of Payment of Issue Fee (37 C.F.R. 1.311) [9-10]-page 1 of 1)